



## BUILDING PERMIT APPLICATION

APPLICATION # \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APN # \_\_\_\_\_

### PROPERTY OWNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

### RESPONSIBLE PARTY DURING PLAN CHECK

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

### ARCHITECT/ENGINEER/DESIGNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ FAX \_\_\_\_\_

**CONTRACTOR** \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

EMERGENCY CONTACT (name/phone) \_\_\_\_\_

### PROJECT INFORMATION DESCRIPTION: (Provide Scope of Work)

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Check all boxes that apply:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> RESIDENTIAL   | <input type="checkbox"/> COMMERCIAL |
| <input type="checkbox"/> NEW STRUCTURE | <input type="checkbox"/> EXISTING   |
| <input type="checkbox"/> REMODEL       | <input type="checkbox"/> ADDITION   |
| <input type="checkbox"/> ELECTRICAL    | <input type="checkbox"/> PLUMBING   |
| <input type="checkbox"/> MECHANICAL    | <input type="checkbox"/> SIGNS      |

#### FIRE DISTRICT PERMITS

- |   |
|---|
| <input type="checkbox"/> FIRE PROTECTION    |
| <input type="checkbox"/> FIRE SPRINKLERS    |
| <input type="checkbox"/> FIRE ALARM         |
| <input type="checkbox"/> HOOD & DUCT SYSTEM |
| <input type="checkbox"/> OTHER _____        |

Valuation: \$ \_\_\_\_\_ Square Footage (new) \_\_\_\_\_ (exist) \_\_\_\_\_